



DAVID MAXWELL-JOLLY
Director

State of California—Health and Human Services Agency
Department of Health Care Services



ARNOLD SCHWARZENEGGER
Governor

December 28, 2009

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 09-63
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS

SUBJECT: MAY 1, 2009 SUPPLEMENTAL SECURITY INCOME/STATE
SUPPLEMENTARY PAYMENT (SSI/SSP) CASH GRANT LEVELS
Reference: All County Welfare Directors Letter (ACWDL)
Numbers 09-18, 09-50

This letter is being issued to correct the dollar amount listed for “Independent Living Arrangement Without Cooking Facilities” as listed on the SSI/SSP Payment chart for May 1, 2009, originally enclosed in ACWDL 09-18 and 09-50.

The SSI/SSP Payment Chart, Enclosure 1 in ACWDL 09-18 and Enclosure 3 in ACWDL 09-50, displays an incorrect dollar amount of \$856.34 for an “Individual (Aged or Disabled), Independent Living Arrangement Without Cooking Facilities” and an incorrect dollar amount of \$1719.66 for a “Couple (Aged or Disabled), Independent Living Arrangement Without Cooking Facilities”. The correct dollar amounts are \$954.00 for Individuals and \$1692.00 for the Couple. Please destroy the SSI/SSP Payment Charts enclosed in ACWDLs 09-18 and 09-50 and replace with the corrected SSI/SSP Payment Chart for May 1, 2009, dated December 15, 2009 (Enclosure 1) of this letter. Also replace page 16-1A of your Pickle handbook with Enclosure 1 of this letter.

Due to the delay in implementing this change, the county shall rescind any incorrect discontinuance, denial, or Share-Of-Cost (SOC) Notice-of-Action (NOA) due to use of this chart. The county shall retroactively redetermine eligibility and SOC as appropriate and issue corrected NOAs whenever:

- A case is known to the county to have been denied or discontinued in error, or
- As soon as a case is brought to the county's attention, or
- When reopening a case which was closed since May 1, 2009.

If you have any further questions, please contact Mr. Harold Higgins at (916) 552-9522 or by e-mail at Harold.Higgins@dhcs.ca.gov.

Original Signed By

Robert Sugawara, Acting Chief
Medi-Cal Eligibility Division

Enclosure

PICKLE HANDBOOK

SSI/SSP
SECTION 16--PAYMENT STANDARDS
EFFECTIVE MAY 1, 2009

	Independent Living			Household of Another with In-Kind Room and Board			Independent Living Arrangement Without Cooking Facilities (RMA) ^{1/}			Nonmedical Board and Care Licensed Facility/ Household of Relative Without In-Kind Room & Board			
	Total	SSI (FBR)	SSP	Total	SSI (FBR)	SSP	Total	SSI (FBR)	SSP	Total	SSI (FBR)	SSP	
INDIVIDUAL:													
Aged or Disabled	870.00	674.00	196.00	658.67	449.34	209.33	954.00	674.00	280.00	1,086.00	674.00	412.00	
Blind	935.00	674.00	261.00	739.67	449.34	209.33				1,086.00	674.00	412.00	
Disabled Minor*	756.00	674.00	82.00	532.67	449.34	83.33				1,086.00	674.00	412.00	
NMOHC ^{2/}				856.34	449.34	407.00							
COUPLE: (amount per couple)													
Both are: Aged or Disabled	1,524.00	1,011.00	513.00	1,233.33	674.00	559.00	1,692.00	1,011.00	681.00	2,172.00	1,011.00	1,161.00	
Both Are Blind	1,751.00	1,011.00	740.00	1,460.00	674.00	786.00				2,172.00	1,011.00	1,161.00	
One is Blind, One is Aged or Disabled	1,666.00	1,011.00	655.00	1,374.00	674.00	700.00				2,172.00	1,011.00	1,161.00	
NMOHC^{2/} amount per Couple				1,719.66	674.00	1,045.66							
NONMEDICAL BOARD AND CARE						FEDERAL BENEFIT RATE (FBR)							
			<u>Minimum</u>			<u>Maximum</u>							
TOTAL:			\$1,086.00			\$1,086.00	INDIVIDUAL:						
Board and Room			466.00			466.00	Aged, Blind, or Disabled						\$674.00
Care and Supervision			400.00			495.00	COUPLE:						
Personal and Incidental Needs			220.00 max			125.00 min	Aged, Blind, or Disabled						\$1,011.00
Title XIX Medical Facility			Individual \$50.00			Couple \$100.00							
* Independent living arrangement for a disabled minor means living in the home of his/her parents. Household of another is used if both the disabled minor and his/her parents live in the household of someone else, i.e., grandparents, etc.													
^{1/} RMA – Restaurant Meals Allowance - \$84 Individual; \$168 Couple													
^{2/} NMOHC ^{2/} – Nonmedical out-of-home care living in household of relative or guarding with In-Kind Room and Board													